

## **SUPPLEMENT A**

### **APPENDIX II**

#### **FORM MA-269: DESIGNATION OR CHANGE OF BENEFICIARY FOR SECOND SEAMAN'S WAR RISK INSURANCE**

At the time of sign-on, each officer and member of the crew must complete, in quadruplicate, Form MA-269: Designation or Change of Beneficiary for Second Seaman's War Risk Insurance. A copy of Form MA-269 is attached.

Please use the following general instructions to ensure that the forms are completed properly:

- (1) The insured is encouraged to read the form carefully. His/her attention is directed to the instructions on the reverse side of the form.
- (2) The original must be dated and signed by the insured and witnessed.
- (3) A witness may include the Shipping Commissioner, the Master of the vessel, any ship's officer or any shoreside official of the Ship Manager such as port captain, port pursers, insurance department officials or others designated by the Ship Manager.
- (4) If more than one beneficiary is designated, the total of the shares designated must equal 100 percent.
- (5) Beneficiaries must be listed with their full first name and middle initial, e.g., Mary T. Smith, not M.T. Smith or Mrs. Charles R. Smith.
- (6) If the spaces provided in the form for Primary and Contingent Beneficiaries are left blank, the insurance benefits will be paid in accordance with the paragraph entitled "SCHEDULE BENEFICIARIES" appearing on the reverse side of the form. In any event, the person who is named as Primary or Contingent Beneficiary must be described as an eligible beneficiary in the paragraph entitled "IMPORTANT NOTICE" or "SCHEDULE BENEFICIARIES." For example, a friend cannot be listed as a Beneficiary.
- (7) If the insured names someone from the list of eligible beneficiaries as described under "IMPORTANT NOTICE" on the reverse side of the form, a statement by the insured as to his/her personal relationship to the beneficiary is needed.

The signed original Form MA-269 is to be given to the insured. The Ship Manager shall retain a signed copy of the form on board the vessel and in the employee's personnel file.

Incomplete or inaccurate information may prevent the proper benefits from being paid to the insured's choice of beneficiaries; therefore, a ship's officer or other official of the Ship Manager should carefully examine all forms before distribution as described above.

The Ship Manager shall investigate, adjust and pay, each claim covered by commercial Second Seaman's War Risk Insurance it carries under the contract, except when the Maritime Administration elects to provide such insurance under Title XII of the Merchant Marine Act, 46 U.S.C. §1205.

If Second Seaman's War Risk Insurance is being provided by the Maritime Administration through a policy issued under the authority of 46 U.S.C. §1205, the Maritime Administration will investigate, adjust and pay, either directly or through the Ship Manager, each claim covered by the policy. The Ship Manager must initially report all such claims to the Administrative Contracting Officer and to the Director Office of Insurance and Shipping Analysis, Maritime Administration, by the fastest means of communication. A full written report, including a copy of the executed beneficiary form, should be sent overnight to MAR-611.